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| Effective on 12/08/2004. | | Complete if Known | | | | | | | |
|---|----------------------------|----------------------------|--------------------------------------|------------------|--------------------------|-------------|--------------|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Application Number 10/564, | | 10/564,352-Co | 352-Conf. #9081 | | | | |
| FEE TRANSMITTAL | | | Filing Date | July 7, 2006 | | | | | |
| For FY 2009 | | | First Named Inv | | Kiyoaki YOSHIKAWA | | | | |
| 101112009 | | | Examiner Name | Name C. I. Boyer | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | 27 | 7 tit Olik | | 1796 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 130.00 | | | Attorney Docket | No. | 0425-1241PUS1 | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check Credit Card Money Order Other (please identify): | | | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| x Charge fee(s) indica | | | | | | | | | |
| Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | |
| 1 | FILING FEES | SE | ARCH FEES | EXAMII | NATION FEES | | | | |
| Application Type Fee | Small Entity (\$) Fee (\$) | Fee (\$ | Small Entity) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees F | Paid (\$) | | |
| Utility 33 | | 540 | 270 | 220 | 110 | | 4.4.107 | | |
| Design 22 | .0 110 | 100 | 50 | 140 | 70 | | | | |
| Plant 22 | | 330 | 165 | 170 | 85 | | | | |
| Reissue 33 | | 540 | 270 | 650 | 325 | | | | |
| Provisional 22 | | 0 | 0 | 0 | 0 | | | | |
| 2. EXCESS CLAIM FEES | 110 | v | · · | O | • | | Small Entity | | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) | | |
| Each claim over 20 (including Rei | | | | | | 52 | 26 | | |
| Each independent claim over 3 (including Reissues) | | | | | | 220 | 110 | | |
| Multiple dependent claims | | | | | | 390 | 195 | | |
| Total Claims Extra Clai | ms Fee (\$) | F6 | ee Paid (\$) | _ | <u>lultiple Depende</u> | | | | |
| 19 - 20 = HP = highest number of total claims paid | for if greater than 20 | | | <u>F</u> e | <u>ee (\$)</u> <u>F</u> | ee Paid (\$ |) | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | | |
| x = | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
| 100 = /50 = (round up to a whole number) x = | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | |
| Other (e.g., ate filing surcharge): 1251 Extension for response within first month 130.00 | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | |
| Signature | <i></i> | A*** | Registration No. (Attorney/Agent) | 32,881 | Telephone | (703) 20 | 5-8000 | | |
| Name (Print/Type) John W. Bailey Date FFR 2 3 2009 | | | | | | | | | |
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